

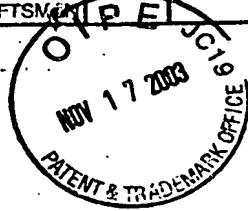
Appl. No. 09/577,386
Amdt. dated November 13, 2003
Reply to Office action of August 27, 2003

Amendments to the Drawings:

The attached drawings include 35 pages of new formal drawings.

Attachment: New Drawing Sheets.

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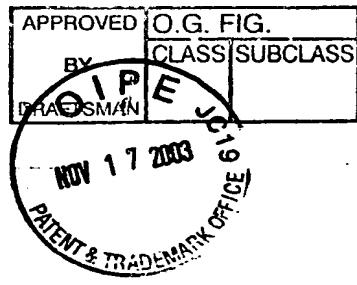
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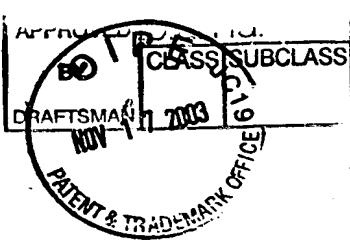
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FIG. 3.

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FIG.4

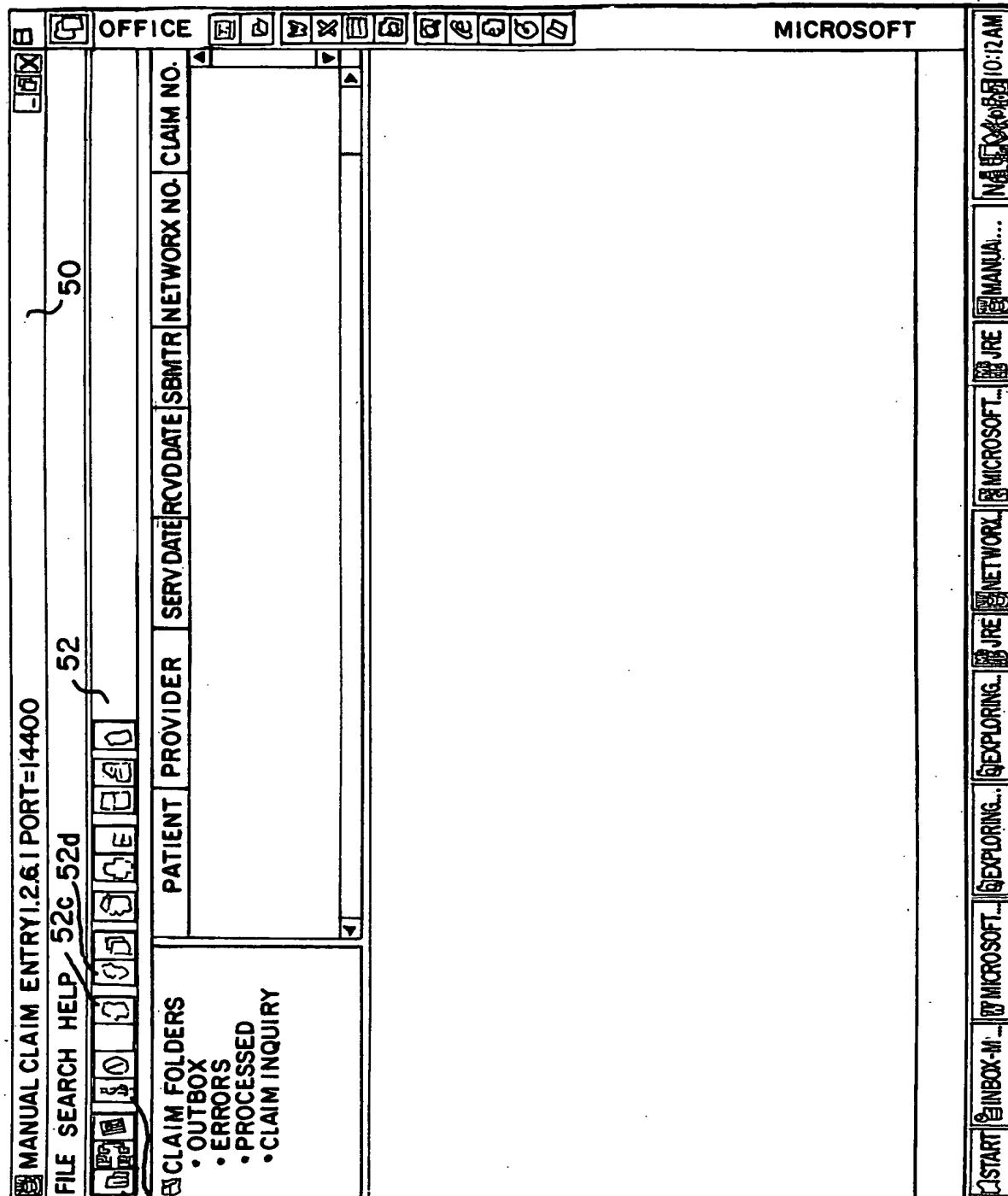
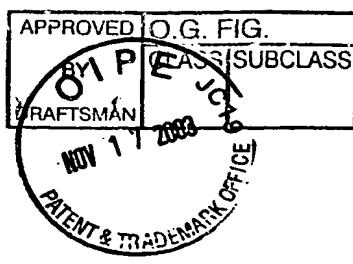


FIG. 5



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FIG. 6a

MANUAL CLAIM ENTRY 1.2.6.1 PORT=14400

FILE SEARCH HELP

CLAIM FOLDERS

- OUTBOX
- ERRORS
- PROCESSED
- CLAIM INQUIRY

PATIENT PROVIDER SERV DATE RCV DATE SBMTR NETWORK NO. CLAIM NO. ST

RECEIVED 111 CLAIM NO. 60

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP FECA OTHER 12. INSURED'S I.D. NUMBER

□ □ □ □ □ □ □ □

2. PATIENT'S NAME (LAST, FIRST, MI) 3. BIRTHDATE PATIENT'S SEX 4. INSURED'S NAME (LAST, FIRST, MI)

5. PATIENT'S ADDRESS 6. PATIENT RELATIONSHIP 7. INSURED'S ADDRESS

SELF SPOUSE CHILD OTHER

8. PATIENT STATUS

ZIP CODE TELEPHONE SINGLE MARRIED OTHER ZIP CODE TELEPHONE

F/T P/T

EMPLOYED STUDENT STUDENT ()

9. OTHER INSURED'S NAME (LAST, FIRST, MI) 10. RELATED TO: IS PATIENT'S CONDITION 11. INSURED'S POLICY OR GROUP NUMBER

12. OTHER INSURED'S POLICY OR GROUP NUMBER 12. EMPLOYMENT? 12. BIRTHDATE SEX

12. (CURRENT OR PREVIOUS) YES NO M F

b. BIRTHDATE SEX YES NO b. EMPLOYER'S NAME OR SCHOOL NAME

M F

c. EMPLOYER'S NAME OR SCHOOL NAME YES NO c. INSURANCE PLAN NAME OR PROGRAM NAME

INSURANCE PLAN NAME OR PROGRAM NAME RESERVED FOR LOCAL USE d. IS THERE ANOTHER d. HEALTH BENEFIT PLAN?

10d. RESERVED FOR LOCAL USE

START INBOX-W MICROSOFT UNTITLED- EXPLORING JRE NETWORK MICROSOFT JRE MANUA... NUL 10:12AM

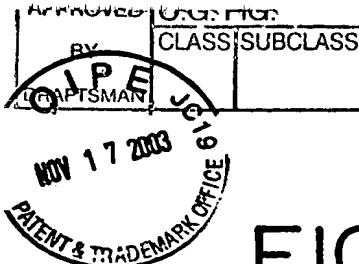


FIG. 6b

7/35

MANUAL CLAIM ENTRY 1.2.7.1 PORT=14400

FILE SEARCH HELP

CLAIM FOLDERS PATIENT PROVIDER SERV DATE RCV DATE SBMTR NETWORK NO. CLAIM NO. ST

• OUTBOX 60

• ERRORS

• PROCESSED

• CLAIM INQUIRY

12. PATIENT OR AUTHORIZED PERSONS SIGNATURE PATIENT SIGNATURE DATE YES NO

14. DATE OF ILLNESS(FIRST CURRENT: SYMPTOM) OR INJURY(ACCIDENT) 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE 16. DATES PATIENT UNABLE TO WORK FROM TO

17. NAME OF REFERRING PHYSICIAN OR SOURCE 17a. ID NUMBER OF REFERRING PHYSICIAN 18. HOSPITALIZATION DATES RELATED TO SERVICES FROM TO

19. RESERVED FOR LOCAL USE 20. OUTSIDE LAB? \$CHARGES YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATED ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

1. 3. 2. 4.

23. PRIOR AUTHORIZED NUMBER

24. A B C D E F G H I J K
 DATE OF SERVICE CPT/ MODIFIER DAYS RESERVED
 FROM TO POSTOS HCPCS | DIAGNOSI UNITS EMG FOR LOCAL ANESTHESIA
 CODE CHARGES EPSDT COB USE HRS. MNS. COST

25. FEDERAL TAX I.D. NUMBER 26. PATIENTS SSN EIN ACCOUNT NO. 27. ACCEPT ASSIGNMENT? YES NO 28. TOTAL CHARGES 29. AMOUNT PAID 30. BALANCE DUE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED 33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE AND PHONE NUMBER

START INBOX-M... MICROSOFT... UNTITLED-... EXPLORING... JRE... NETWORK... MICROSOFT... JRE... MANUAL... N... 11:05AM

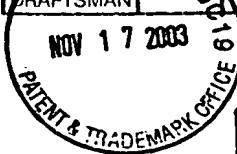


FIG. 6c

8/35

MANUAL CLAIM ENTRY 1.2.7.1 PORT=14400

FILE SEARCH HELP

CLAIM FOLDERS

- OUTBOX
- ERRORS
- PROCESSED
- CLAIM INQUIRY

PATIENT PROVIDER SERVDATE RCVDDATE SBMTR NETWORKX NO. CLAIM NO. ST

60

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATED ITEMS 1.2.3 OR 4 TO ITEM 24E BY LINE)

1. [] 3. [] YES NO

2. [] 4. [] 22. MEDICAID ORIGINAL RESUBMISSION CODE REF. NO.

23. PRIOR AUTHORIZED NUMBER

24. A B C D E F G H I J K

DATE OF SERVICE	FROM	TO	CPT/ MODIFIER	POSTOS HCPCS	DIAGNOSIS	DAYS UNITS	EMG	RESERVED FOR LOCAL ANESTHESIA	CODE CHARGES	EPSDT	COB	USE HRS, MNS, COST

25. FEDERAL TAX 26. PATIENTS 27. ACCEPT 28. TOTAL 29. AMOUNT 30. BALANCE
I.D. NUMBER SSN FIN ACCOUNT NO. ASSIGNMENT? CHARGES PAID DUE

YES NO

31. SIGNATURE OF 32. NAME AND ADDRESS OF FACILITY 33. PHYSICIANS, SUPPLIER'S BILLING
PHYSICIAN OR WHERE SERVICES WERE RENDERED NAME, ADDRESS, ZIP CODE AND
SUPPLIER PHONE NUMBER

SIGNED DATE

11/11/03 () - PIN# [] GRP# []

START INBOX-ML MICROSOFT UNTITLED- EXPLORING JRE NETWORK MICROSOFT JRE MANUAL.. NAVIGATOR 11:08AM

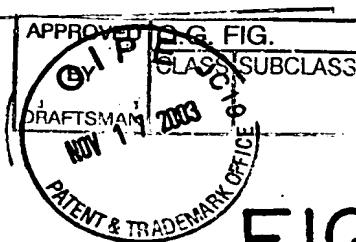
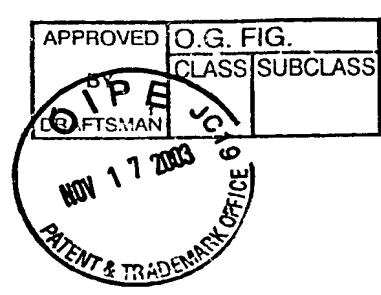
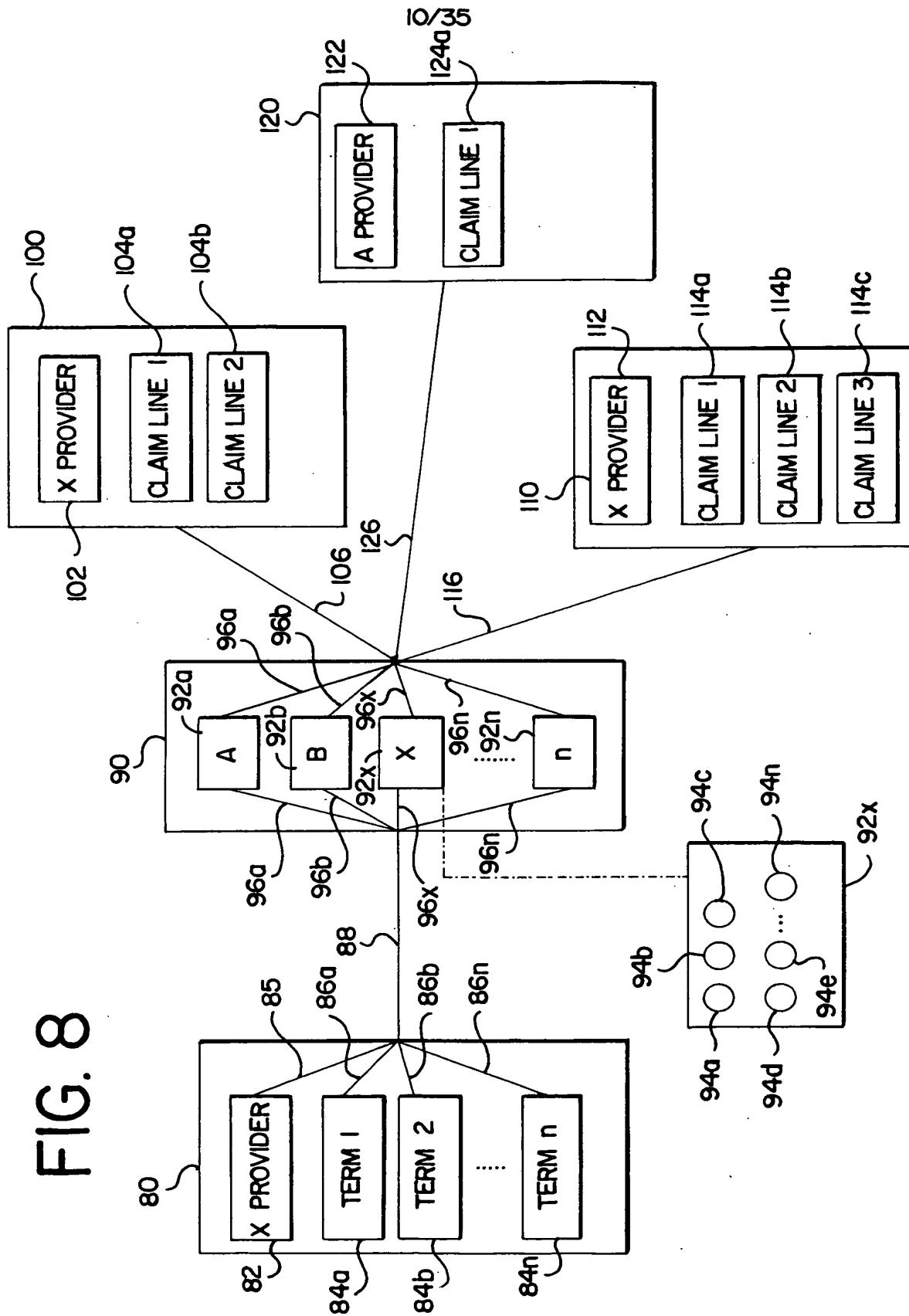


FIG. 7

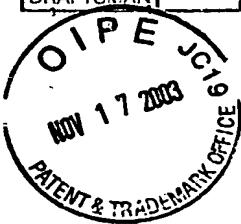
9/35



80



APPROVED	U.G. FIG.
BY	CLASS
DRAFTSMAN	SUBCLASS



11/35

FIG.9

140

PROVIDER CONTRACT

MEDICAL CENTER 11-9999999
EFFECTIVE 04/01/1999

HOSPITAL AGREES TO PROVIDER COVERED HOSPITAL SERVICES ON THE PAYMENT TERMS SET FORTH BELOW.

HOSPITAL AGREES TO PROVIDE ALL COVERED INPATIENT AND OUTPATIENT SERVICES ACCORDING TO THE FOLLOWING ALL INCLUSIVE PER DIEM AND DISCOUNT ARRANGEMENTS:

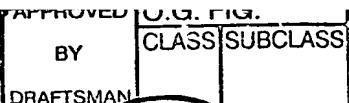
\$750.00 MEDICAL PER DIEM
\$950.00 SURGICAL PER DIEM

NORMAL DELIVERY (MOTHER & BABY)
\$1,400.00 1-2 DAY STAY CASE RATE
\$450.00 EACH ADDITIONAL DAY

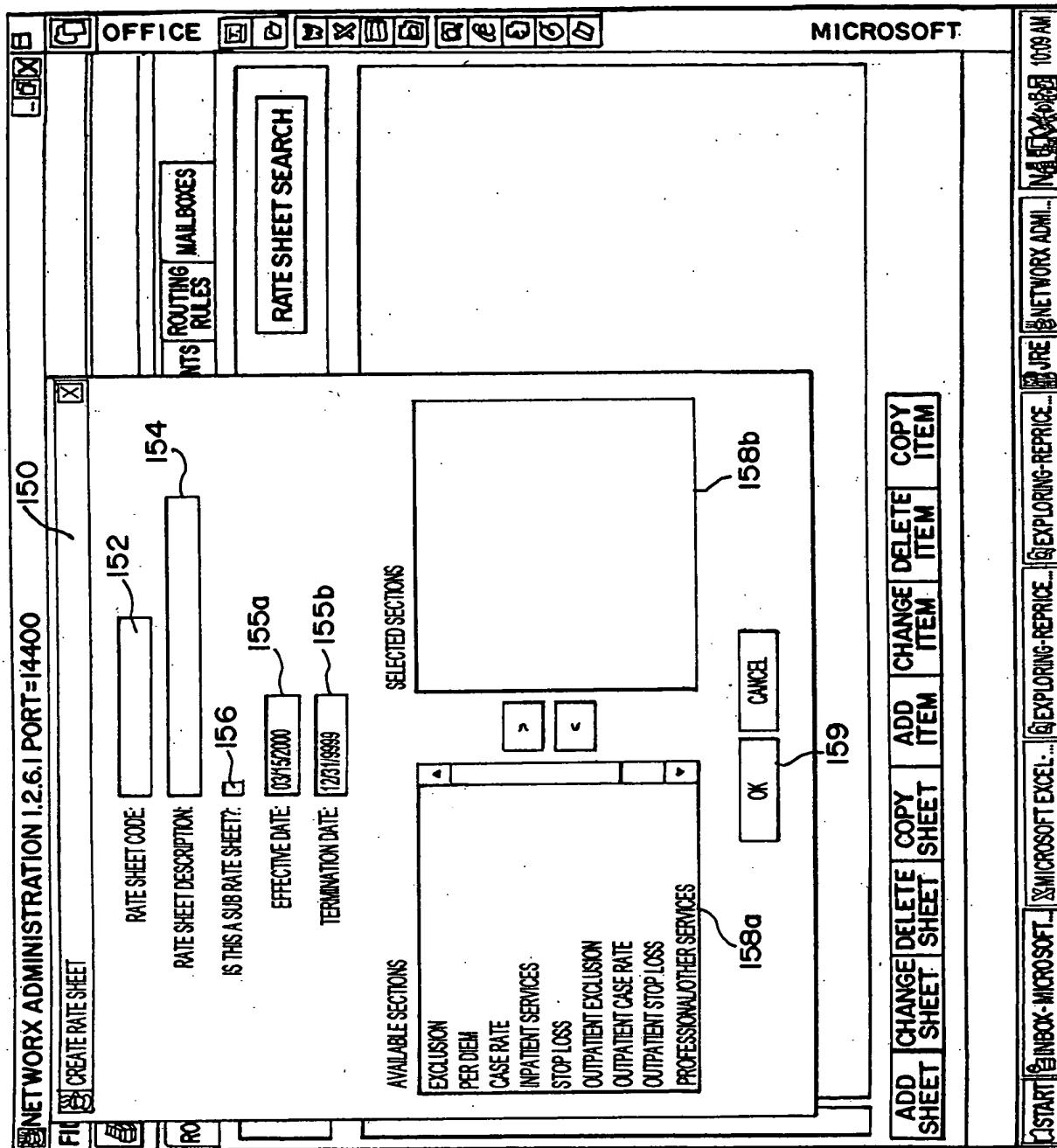
CESAREAN SECTION (MOTHER & BABY)
\$2,800.00 1-2 DAY STAY CASE RATE
\$500.00 EACH ADDITIONAL DAY

ALL OTHER COVERED IMPATIENT SERVICES: 15% DISCOUNT FROM BILLED CHARGES
OUTPATIENT SERVICES: 15% DISCOUNT FROM BILLED CHARGES

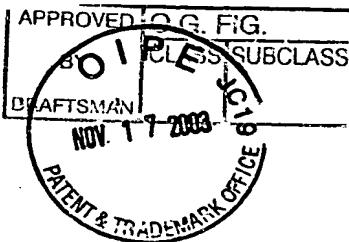
STOP LOSS: FOR ANY CASE IN WHICH CHARGES EXCEED \$20,000.00, HOSPITAL WILL BE PAID 85% OF BILLED CHARGES.



12/35



Elegia

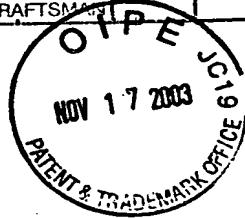


13/35

158b

NETWORKX ADMINISTRATION 1.2.7.1 PORT=14400	
<input checked="" type="checkbox"/> CREATE RATE SHEET <input type="checkbox"/> RATE SHEET CODE <input type="checkbox"/> RATE SHEET DESCRIPTION <input type="checkbox"/> IS THIS A SUB RATE SHEET?	EFFECTIVE DATE: 05/02/2000 TERMINATION DATE: 12/31/9999
AVAILABLE SECTIONS EXCLUSION INPATIENT SERVICES OUTPATIENT EXCLUSION OUTPATIENT CASE RATE OUTPATIENT STOP LOSS PROFESSIONAL OTHER SERVICES OUTPATIENT PER DIEM	
SELECTED SECTIONS PER DIEM CASE RATE OUTPATIENT SERVICES STOP LOSS	
<input type="button" value="OK"/> <input type="button" value="CANCEL"/>	
RATE SHEET SEARCH RATES RULES RATES MAIL BOXES	
ADD SHEET CHANGE SHEET DELETE ITEM COPY ITEM SHEET SHEET ITEM ITEM ITEM	
START INBOX-MICROSOFT EXPLORER... UNTITLE... JRE MICROSOFT NETWORK... JRE MANUAL C NETWORK 11:00 AM	

FIG.10b

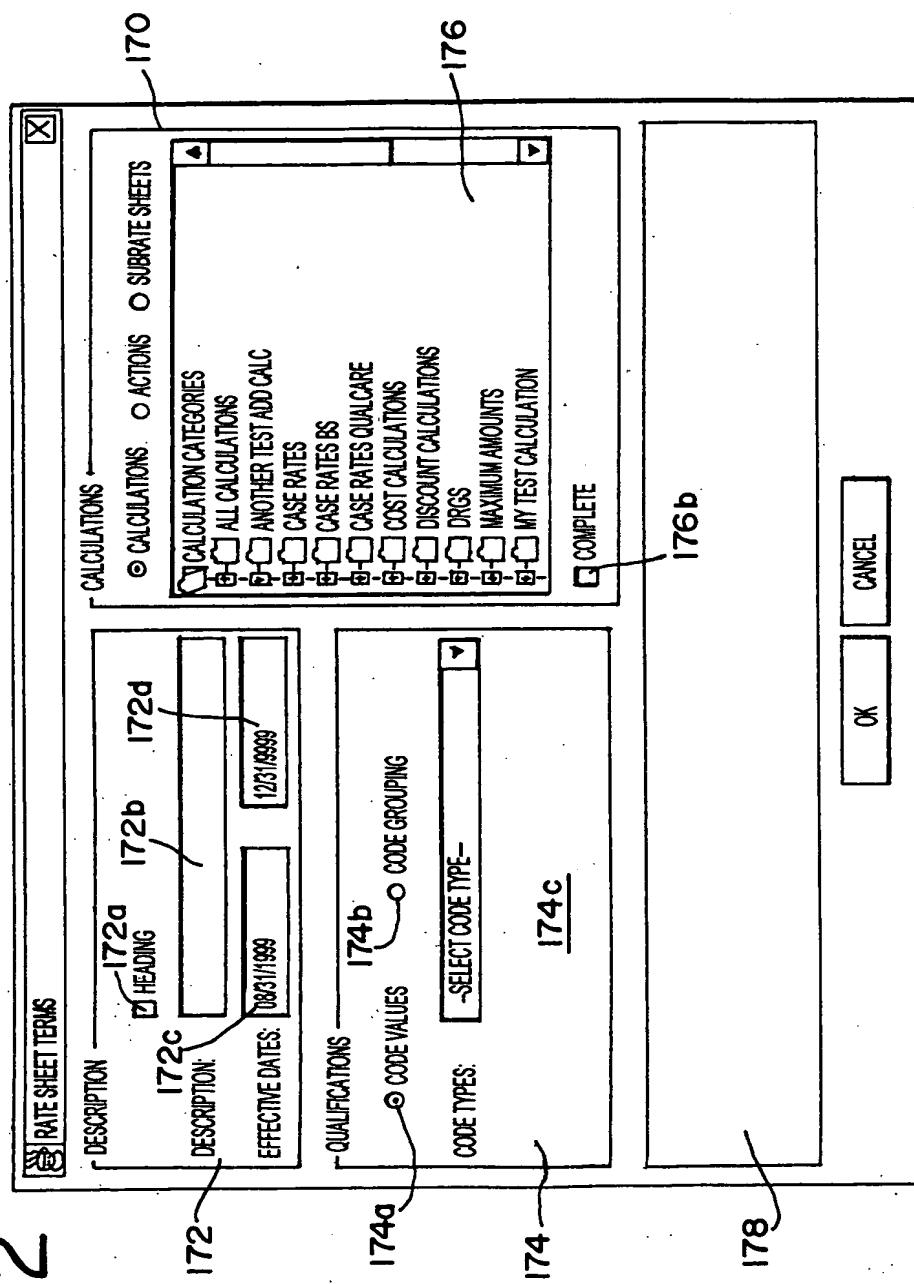


14/35

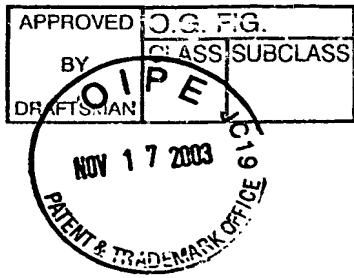
<input checked="" type="checkbox"/> 160																																																																					
NETWORK ADMINISTRATION 1.2.7.1 PORT=14400																																																																					
FILE HELP																																																																					
<table border="1"> <tr> <td>ROLES</td> <td>USERS</td> <td>NETWORKS</td> <td>COMPUTERS</td> <td>PROVIDERS</td> <td>RATE</td> <td>CONTRACT</td> <td>CALCULATION</td> <td>CODE</td> <td>CLIENTS</td> <td>ROUTING</td> <td>RULES</td> <td>MAILBOXES</td> <td>162</td> </tr> <tr> <td></td> </tr> </table>										ROLES	USERS	NETWORKS	COMPUTERS	PROVIDERS	RATE	CONTRACT	CALCULATION	CODE	CLIENTS	ROUTING	RULES	MAILBOXES	162																																														
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FIG. II

15/35



二
正



16/35

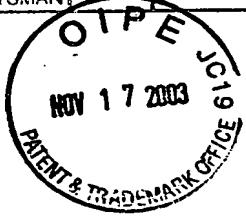
FIG.12a

QUALIFICATIONS			
<input checked="" type="radio"/> CODE VALUES	<input type="radio"/> CODE GROUPING		
CODE TYPES:	DRG CODE(S)		
VALUE RANGE:	103	TO	109
175a		175b	

FIG.12b

QUALIFICATIONS	
<input type="radio"/> CODE VALUES	<input checked="" type="radio"/> CODE GROUPING
CODE TYPES:	<input type="button" value="--SELECT CODE TYPE--"/>
CODE GROUPS	<input type="button" value="--SELECT CODE GROUP--"/>
AICD (ACID?) ALC SCHEDULE CODE VALUES ALCOHOL & DRUG ALCOHOL & DRUG DAY PROGRAM? AMBULATORY SURGERY ASFGD BLOOD FACTOR 8 AND 9 C-SECTION	

APPROVED C.G. FIG.
BY CLASS SUBCLASS
DRAFTSMAN

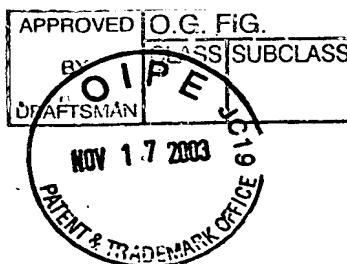


17/35

FIG.13a

RATE SHEET TERMS	
DESCRIPTION	<input type="checkbox"/> HEADING 182a
DESCRIPTION	<input type="checkbox"/> EFFECTIVE DATES: 04/01/1997 - 05/31/1999 182b
QUALIFICATIONS	<input type="checkbox"/> CODE VALUES 184a
CODE TYPES:	<input type="checkbox"/> REVENUE CODES 184c
CODE GROUPS:	<input type="checkbox"/> PER DIEM MEDICAL 184b
PER DIEM	<input type="checkbox"/> PRICING IS \$80.00 PER DIEM 188a
<input type="checkbox"/> WHEN THE CLAIM 188 THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.	
<input type="checkbox"/> OK 190 <input type="checkbox"/> CANCEL 189b	

182
184
186
188
189a
190
189b



18/35

FIG.13b

198

194

RATE SHEET TERMS

DESCRIPTION	<input type="checkbox"/> HEADING
DESCRIPTION	SURGICAL
EFFECTIVE DATES:	04/01/1997
192a	123/11/9999

QUALIFICATIONS

<input type="checkbox"/> CODE VALUES	<input checked="" type="checkbox"/> CODE GROUPING
CODE TYPES:	REVENUE CODE(S):
CODE GROUPS:	PER DIEM/MEDICAL

CALCULATIONS

ALL CALCULATIONS

- 2 LEVEL PER DIEM
- 2 LEVEL PER DIEM, LTD BY PCT OF CHG
- 2 LEVEL SERVICES
- 2 LV CASE + EXCESS PCT, LTD BY CHG
- 2 LV CASE + PD, LTD BY CHG
- 2 LV CASE, LTD BY CHG
- 3 LV CASE + PD, LTD BY CHG
- 3 LV CASE, LTD BY CHG
- 3 LV PER DIEM

SUBRATE SHEETS

ACTIONS

COMPLETE

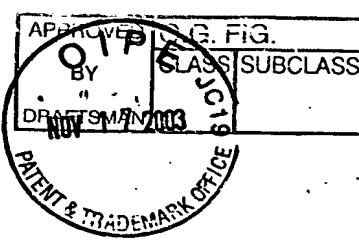
192b

192c

PER DIEM
PRICING IS \$50.00 PER DIEM.

WHEN THE CLAIM
CURRENT LINE WHEN THE CLAIM
THIS CALCULATION WILL BE USED TO REPRICE THE LAST TERM TO QUALIFY.

OK CANCEL



19/35

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NETWORKX ADMINISTRATION 1.2.7 | PORT=14400

FILE HELP

四

NETWORX ADMINISTRATION 1.2.7.1 PORT=14400

THEORY AND PRACTICE

HMC-HARDY MEDICAL CENTER
□ PER DEM CASE RATE OUTPATIENT SERVICES STOP LOSS

1. PER DIEM	1.1 MEDICAL CODE GROUP - PER DIEM - MEDICAL PRICING IS \$750.00 PER DIEM. 26	1.2 SURGICAL CODE GROUP - PER DIEM - SURGICAL PRICING IS \$850.00 PER DIEM. 26
-------------	---	---

4. STOP LOSS

FOOTNOTES

1. THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.

2. THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.

3. THIS CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A GROUP.

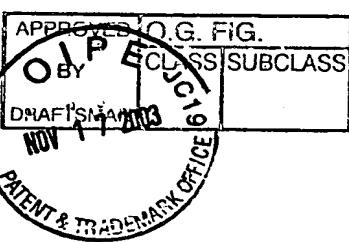
4. WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE SMALLEST AMOUNT.

5. WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LARGEST AMOUNT.

6. WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.

ADD SHEET	CHANGE SHEET	DELETE SHEET	COPY SHEET	ADD ITEM	CHANGE ITEM	DELETE ITEM	COPY ITEM
-----------	--------------	--------------	------------	----------	-------------	-------------	-----------

11:16 AM
MANUAL C.



20/35

FIG. 14

RATE SHEET TERMS

DESCRIPTION	<input type="checkbox"/> HEADING
DESCRIPTION	NORMAL DELIVERY (MOM & BABY)
EFFECTIVE DATES	04/01/97
12318899	
QUALIFICATIONS	<input type="checkbox"/> CODE GROUPING
CODE TYPES	<input checked="" type="checkbox"/> ICD-9 PROCEDURE CODE(S)
CODE GROUPS	NORMAL DELIVERY

197b

CALCULATIONS ACTIONS SUBRATE SHEETS

ALL CALCULATIONS

2 LEVEL PER DEM

2 LEVEL PER DEM, LTD BY PCT OF CHG

2 LEVEL SERVICES

2 LV CASE + EXCESS PCT, LTD BY CHG

2 LV CASE + PD, LTD BY CHG

2 LV CASE, LTD BY CHG

3 LV CASE + PD, LTD BY CHG

3 LV CASE, LTD BY CHG

3 LV PER DEM

COMPLETE

197c

CASE RATE PLUS PER DEM, LIMITED BY CHARGE 197a

PRICING IS A CASE RATE OF \$1,400.00 FOR UP TO 2 DAYS AND \$450.00 PER DEM FOR EACH ADDITIONAL DAY.

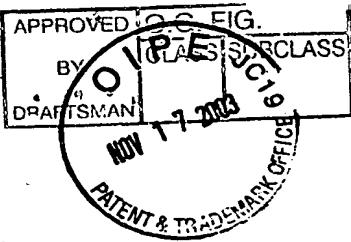
NOT ALLOWED TO THE COMBINED CHARGES 197d

WHEN THE CLAIM

THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.

QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY

OK CANCEL



21/35

FIG. 15

RATE SHEET TERMS

DESCRIPTION HEADING C-SECTION (MOM & BABY)

EFFECTIVE DATES:

QUALIFICATIONS CODE GROUPING CODE VALUES CODE PROCEDURE CODE(S)

CODE TYPES: C-SECTION

CODE GROUPS: C-SECTION

CALCULATIONS CALCULATIONS ACTIONS SUBRATE SHEETS

ALL CALCULATIONS

2 LEVEL PER DIEM

2 LEVEL PER DIEM, LTD BY PCT OF CHG

2 LEVEL SERVICES

2 LV CASE + EXCESS PCT, LTD BY CHG

2 LV CASE + PD, LTD BY CHG

2 LV CASE, LTD BY CHG

3 LV CASE + PD, LTD BY CHG

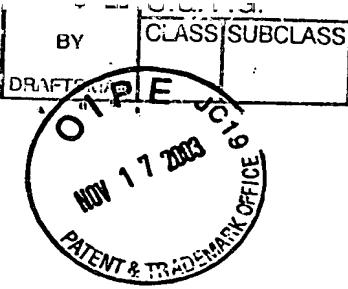
3 LV CASE, LTD BY CHG

3 LV PER DIEM

COMPLETE

CASE RATE PLUS PER DIEM, LIMITED BY CHARGE
PRICING IS A CASE RATE OF FOR UP TO DAYS AND PER DIEM FOR EACH ADDITIONAL DAY.
LIMIT THE ALLOWED TO THE COMBINED CHARGES.

THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM. WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.



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FIG.16

RATE SHEET TERMS

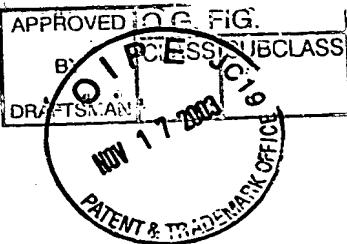
DESCRIPTION	<input type="checkbox"/> HEADING	<input type="checkbox"/> CALCULATIONS	<input type="checkbox"/> ACTIONS	<input type="checkbox"/> SUB RATE SHEETS
DESCRIPTION	<input type="checkbox"/> CALCULATION CATEGORIES			
EFFECTIVE DATES:	04/01/1997	123456789	<input type="checkbox"/> ALL CALCULATIONS	
CODE TYPES:	<input type="checkbox"/> CASE RATES			
QUALIFICATIONS	<input type="checkbox"/> COST CALCULATIONS			
CODE VALUES	<input type="checkbox"/> DISCOUNT CALCULATIONS			
CODE GROUPING	<input type="checkbox"/> DISCOUNT PCT			
ALL REMAINING CODES	<input type="checkbox"/> DISCOUNT PCT W/ THRESHOLD			
	<input type="checkbox"/> PROVIDER DISCOUNT PCT			
	<input type="checkbox"/> DRGs			
	<input type="checkbox"/> MAXIMUM AMOUNTS			
	<input type="checkbox"/> NON-COVERED SERVICES			
	<input type="checkbox"/> COMPLETE			

DISCOUNT PERCENT

PRICING IS A % DISCOUNT OF THE CHARGE.

THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM. WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.

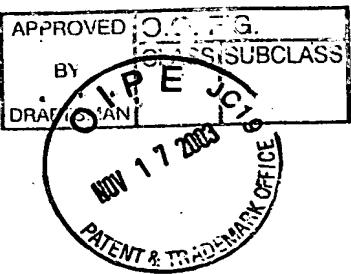
OK CANCEL



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FIG.17

RATE SHEET TERMS	
DESCRIPTION	<input type="checkbox"/> HEADING <input checked="" type="checkbox"/> ALL OTHER INPATIENT SERVICES
EFFECTIVE DATES:	04/01/1997 12/31/1999
QUALIFICATIONS	<input checked="" type="checkbox"/> CODE VALUES <input type="checkbox"/> CODE GROUPING
CODE TYPES:	<input checked="" type="checkbox"/> ALL OTHER OUTPATIENT SERVICES
CALCULATIONS	
<input checked="" type="checkbox"/> CALCULATIONS <input type="checkbox"/> ACTIONS <input type="checkbox"/> SUB RATE SHEETS CALCULATION CATEGORIES <input checked="" type="checkbox"/> ALL CALCULATIONS CASE RATES <input type="checkbox"/> COST CALCULATIONS DISCOUNT CALCULATIONS <input type="checkbox"/> DISCOUNT PCT DISCOUNT PCT W/ THRESHOLD <input type="checkbox"/> DRS PROVIDER DISCOUNT PCT <input type="checkbox"/> MAXIMUM AMOUNTS NON-COVERED SERVICES <input type="checkbox"/> COMPLETE	
DISCOUNT PERCENT	
PRICING IS A <input type="checkbox"/> 15% <input type="checkbox"/> DISCOUNT OF THE CHARGE THIS CALCULATION WILL BE USED TO REPRICE THE <input type="checkbox"/> ENTIRE CLAIM <input checked="" type="checkbox"/> WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE <input checked="" type="checkbox"/> LAST TERM TO QUALIFY	
<input type="button" value="OK"/> <input type="button" value="CANCEL"/>	



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FIG. 18

RATE SHEET TERMS

DESCRIPTION	<input type="checkbox"/> HEADING
DESCRIPTION	<input type="checkbox"/> STOP LOSS
EFFECTIVE DATES:	04/01/97 - 12/31/99

CALCULATIONS

ALL CALCULATIONS

- 2 LEVEL PER DIEM
- 2 LEVEL PER DIEM BY PCT OF CHG
- 2 LEVEL SERVICES
- 2 LV CASE + EXCESS PD, LTD BY CHG
- 2 LV CASE + PD, LTD BY CHG
- 2 LV CASE, LTD BY CHG
- 3 LV CASE - PD, LTD BY CHG
- 3 LV CASE, LTD BY CHG
- 3 LV PER DIEM

COMPLETE

QUALIFICATIONS

CODE VALUES

CODE GROUPING

CODE TYPES

ALL REMAINING CODES

STOP LOSS

IF THE TOTAL CHARGE EXCEEDS , PRICING IS RECALCULATED TO BE:

THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.

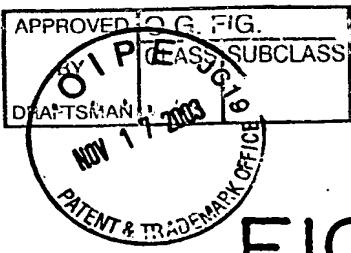


FIG.19a

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NETWORX ADMINISTRATION 1.2.6.1 PORT=21000

FILE HELP

OFFICE

RATE SHEET: DJWHMC VALID:04-01-1999 THROUGH 12-31-9999 RATE SHEET SEARCH

DJWHMC-HARDY MEDICAL CENTER

PER DIEM

CASE RATE

OUTPATIENT SERVICES

STOP LOSS

FOOTNOTES

1. PER DIEM

1.1 MEDICAL 200
CODE GROUP-PER DIEM-MEDICAL. PRICING IS \$750.00 PER DIEM -2,6

1.2 SURGICAL
CODE GROUP-PER DIEM SURGICAL. PRICING IS \$950.00 PER DIEM. -2,6

2. CASE RATE

2.1 NORMAL DELIVERY
CODE GROUP-NORMAL DELIVERY. PRICING IS A CASE RATE OF \$1,400.00 FOR UP TO 2 DAYS AND \$450.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.2 CAESAREAN SECTION
CODE GROUP-C-SECTION. PRICING IS A CASE RATE OF \$2,800.00 FOR UP TO 2 DAYS AND \$500.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.3 WELL BABY
CODE GROUP-WELL BABY-COMPLEX. PRICING IS 0% OF THE CHARGE. -1,6

3. OUTPATIENT SERVICES

3.1 ALL SERVICES
ALL SERVICES. PRICING IS A 15% DISCOUNT OF THE CHARGE. -1,6

4. STOP LOSS

4.1 WELL BABY
CODE GROUP-WELL BABY-COMPLEX. NO PRICING APPLIES. -1,4,7

4.2 STOP LOSS
ALL SERVICES. IF THE TOTAL CHARGE EXCEEDS \$20,000.00, PRICING IS RECALCULATED TO BE 85% OF THE TOTAL CHARGE. -1,6

FOOTNOTES

ADD SHEET CHANGE SHEET DELETE SHEET COPY SHEET ADD ITEM CHANGE ITEM DELETE ITEM COPY ITEM

Microsoft

START INBOX-MICROS MICROSOFT EXC... FW:ALC-ME EXPLORING-REP... JRE NETWORK X... NAVIGATOR 9:06AM

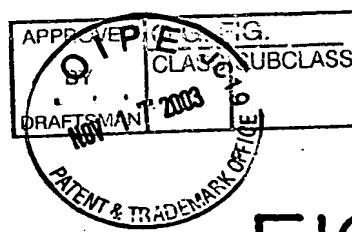


FIG.19b

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NETWORX ADMINISTRATION 1.2.6.1 PORT=21000

FILE HELP

ROLES USERS NETWORKS EMPLOYERS PROVIDERS RATE SHEETS CONTRACT NETWORKS CALCULATION CATEGORIES CODE GROUPS CLIENTS ROUTING RULES MAILBOXES

RATE SHEET:DJWHMC VALID:04-01-1999 THROUGH 12-31-9999

DJWHMC-HARDY
 MEDICAL CENTER
 PER DIEM
 CASE RATE
 OUTPATIENT SERVICES
 STOP LOSS
 FOOTNOTES

2. CASE RATE
2.1 NORMAL DELIVERY
CODE GROUP-NORMAL DELIVERY. PRICING IS A CASE RATE OF \$1,400.00 FOR UP TO 2 DAYS AND \$450.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.2 CAESAREAN SECTION
CODE GROUP-C-SECTION. PRICING IS A CASE RATE OF \$2,800.00 FOR UP TO 2 DAYS AND \$500.00 PER DIEM FOR EACH ADDITIONAL DAY. LIMIT THE ALLOWED TO THE COMBINED CHARGES. -1,6

2.3 WELL BABY
CODE GROUP-WELL BABY-COMPLEX. PRICING IS 0% OF THE CHARGE. -1,6

3. OUTPATIENT SERVICES
3.1 ALL SERVICES
ALL SERVICES. PRICING IS A 15% DISCOUNT OF THE CHARGE. -1,6

4. STOP LOSS
4.1 WELL BABY
CODE GROUP-WELL BABY-COMPLEX. NO PRICING APPLIES. -1,4,7

4.2 STOP LOSS
ALL SERVICES. IF THE TOTAL CHARGE EXCEEDS \$20,000.00, PRICING IS RECALCULATED TO BE 85% OF THE TOTAL CHARGE. -1,6

FOOTNOTES

- 1- THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.
- 2- THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.
- 3- THIS CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A GROUP
- 4- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE SMALLEST AMOUNT.
- 5- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LARGEST AMOUNT.
- 6- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL BE USED IF IT IS THE LAST TERM TO QUALIFY.
- 7- PLEASE NOTE: NO MORE TERMS WILL BE EXAMINED FOR THIS CLAIM/LINE IF IT QUALIFIES UNDER THESE TERMS.

ADD SHEET CHANGE SHEET DELETE SHEET COPY SHEET ADD ITEM CHANGE ITEM DELETE ITEM COPY ITEM

START INBOX-MICROS MICROSOFT EXC. FFW:ALC-ME EXPLORING-REP. JRE NETWORKX... MICROSOFT WOR... N... 9:07AM

OFFICE MICROSOFT

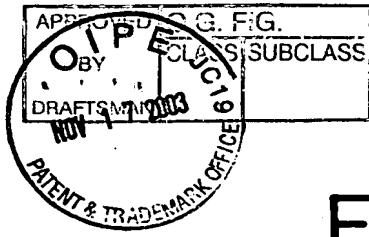


FIG.20

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COMPLETED RATE SHEET

MEDICAL CENTER

1. INPATIENT PER DIEM

1.1 MEDICAL

REVENUE CODES IN PER DIEM - MEDICAL. REPRICE AT \$750.00 PER DAY. -2,6

1.2 SURGICAL

REVENUE CODES AND CPT4 PROCEDURE CODES IN PER DIEM - SURGICAL.
REPRICE AT \$950.00 PER DAY. -2,6

2. INPATIENT CASE RATE

2.1 NORMAL DELIVERY 1-2 DAYS

ICD-9 PROCEDURE CODES IN NORMAL DELIVERY. REPRICE AT \$1,400.00 FOR
UP TO 2 DAYS. \$450.00 PER DIEM, THEREAFTER. -1,6

2.2 C-SECTION

ICD-9 PROCEDURE CODES IN C-SECTION. REPRICE AT \$2,800.00 FOR UP TO 2
DAYS. \$500.00 PER DIEM THEREAFTER. -1,6

3. INPATIENT SERVICES

3.1 ALL OTHER INPATIENT SERVICES

ALL REMAINING CODES. REPRICE AT 15% OF CHARGES. -2,6

4. OUTPATIENT SERVICES

4.1 ALL OTHER OUTPATIENT SERVICES

ALL REMAINING CODES. PREPRICE AT 15% OF CHARGES. -2,6

5. STOP LOSS

5.1 STOP LOSS

ALL REMAINING CODES. IF REPRICED AMOUNT EXCEEDS \$20,000.00 THE
CLAIM WILL BE REPRICED AT 85% OF CHARGES. -1,6

FOOTNOTES

- 1- THIS CALCULATION WILL BE USED TO REPRICE THE ENTIRE CLAIM.
- 2- THIS CALCULATION WILL BE USED TO REPRICE THE CURRENT LINE.
- 3- THIS CALCULATION WILL BE USED TO REPRICE THE MATCHING LINE AS A
GROUP.
- 4- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL
BE USED IF IT IS THE LARGEST AMOUNT.
- 5- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL
BE USED IF IT IS THE SMALLEST AMOUNT.
- 6- WHEN THE CLAIM QUALIFIES FOR MORE THAN ONE TERM, THIS PRICE WILL
BE USED IF IT IS THE LAST TERM TO QUALIFY.
- 7- PLEASE NOTE: NO MORE TERMS WILL BE EXAMINED FOR THIS CLAIM/LINE
IF IT QUALIFIES UNDER THESE TERMS.

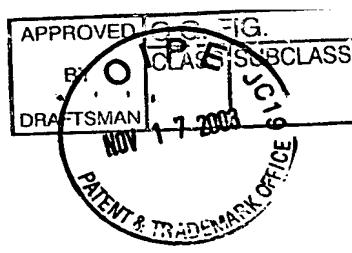
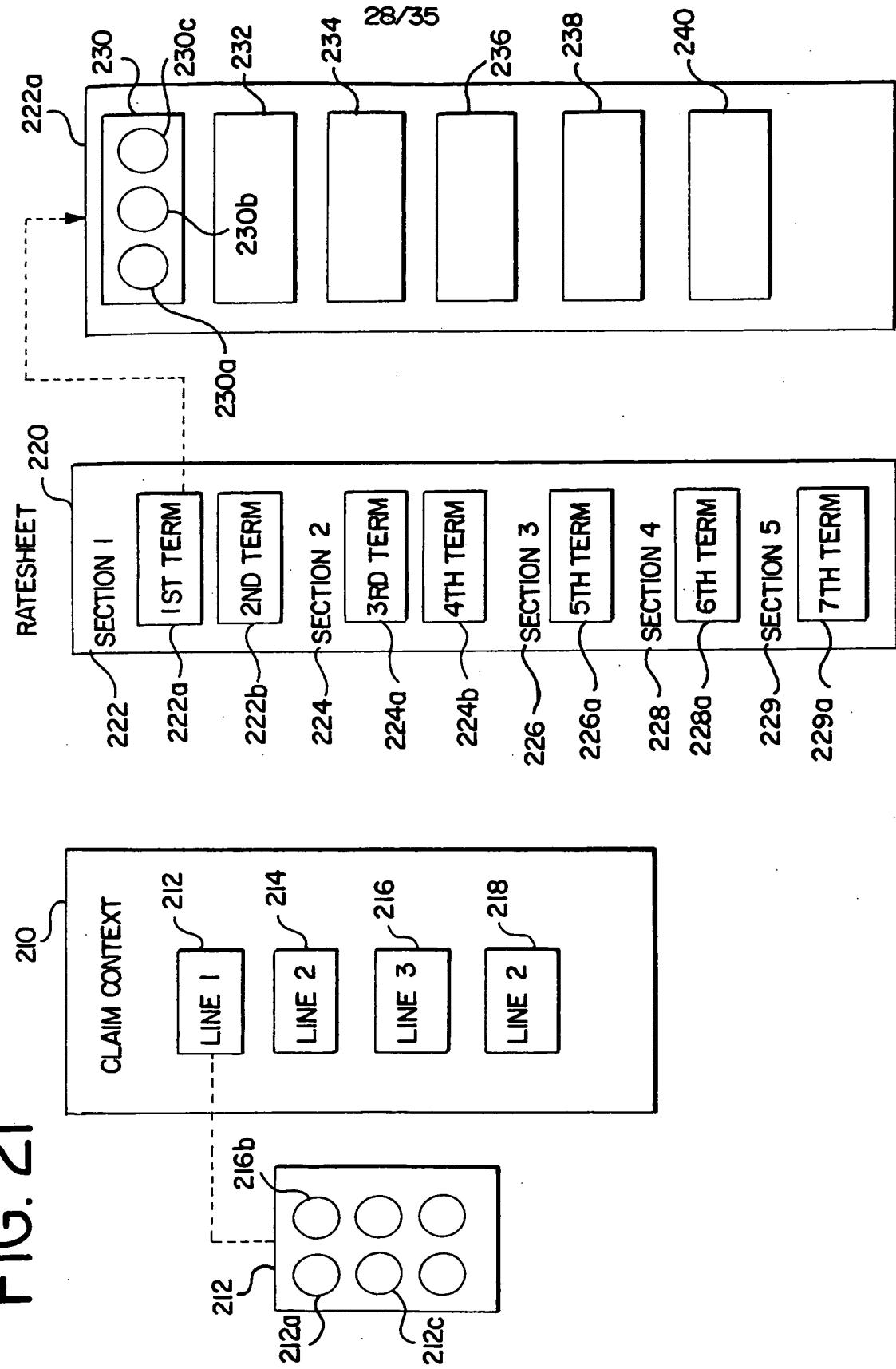


FIG. 21



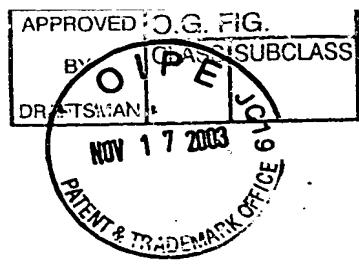
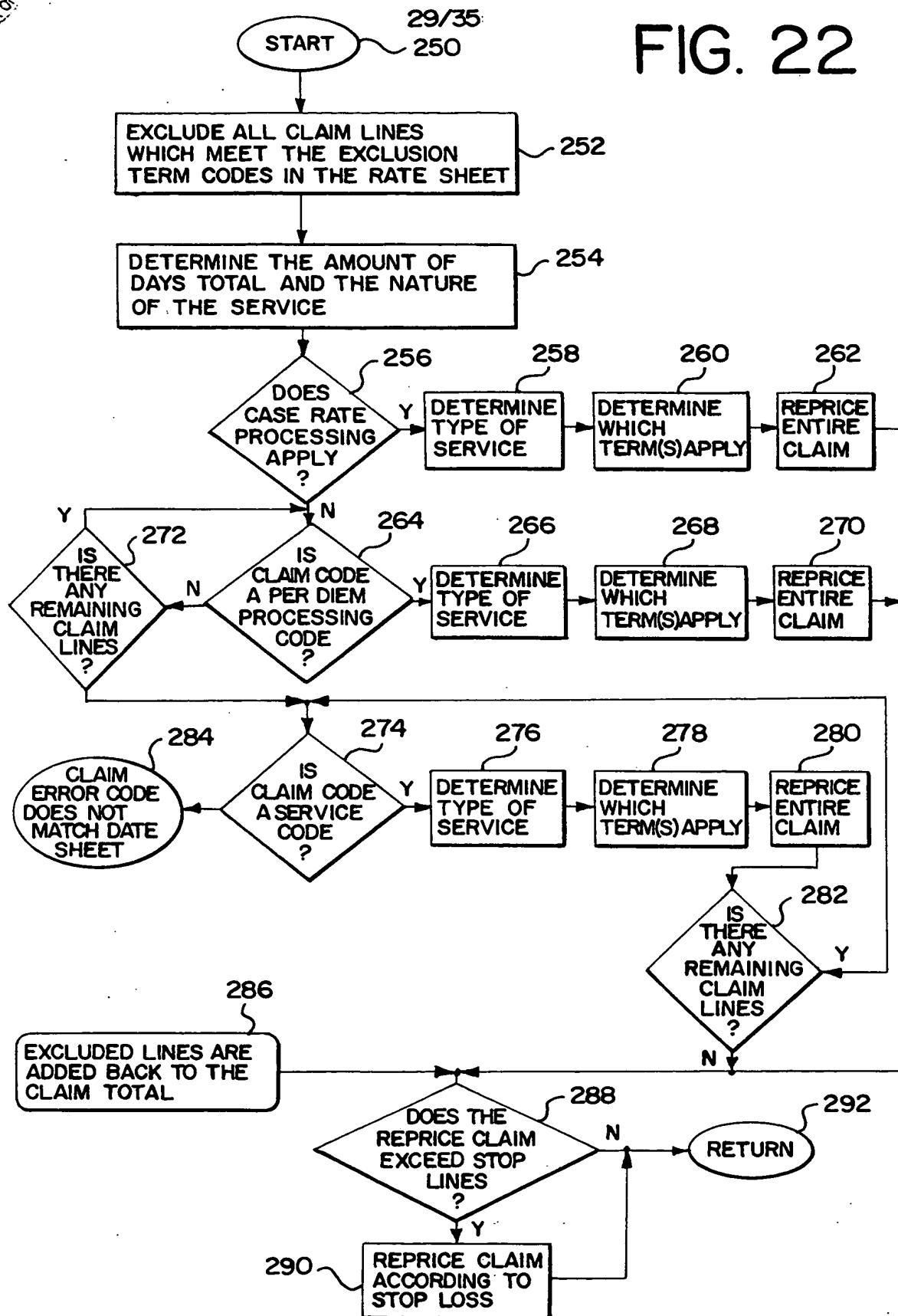
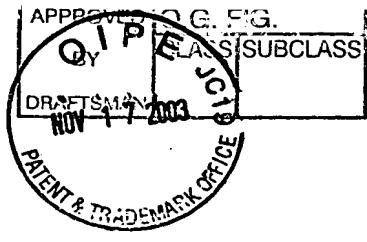


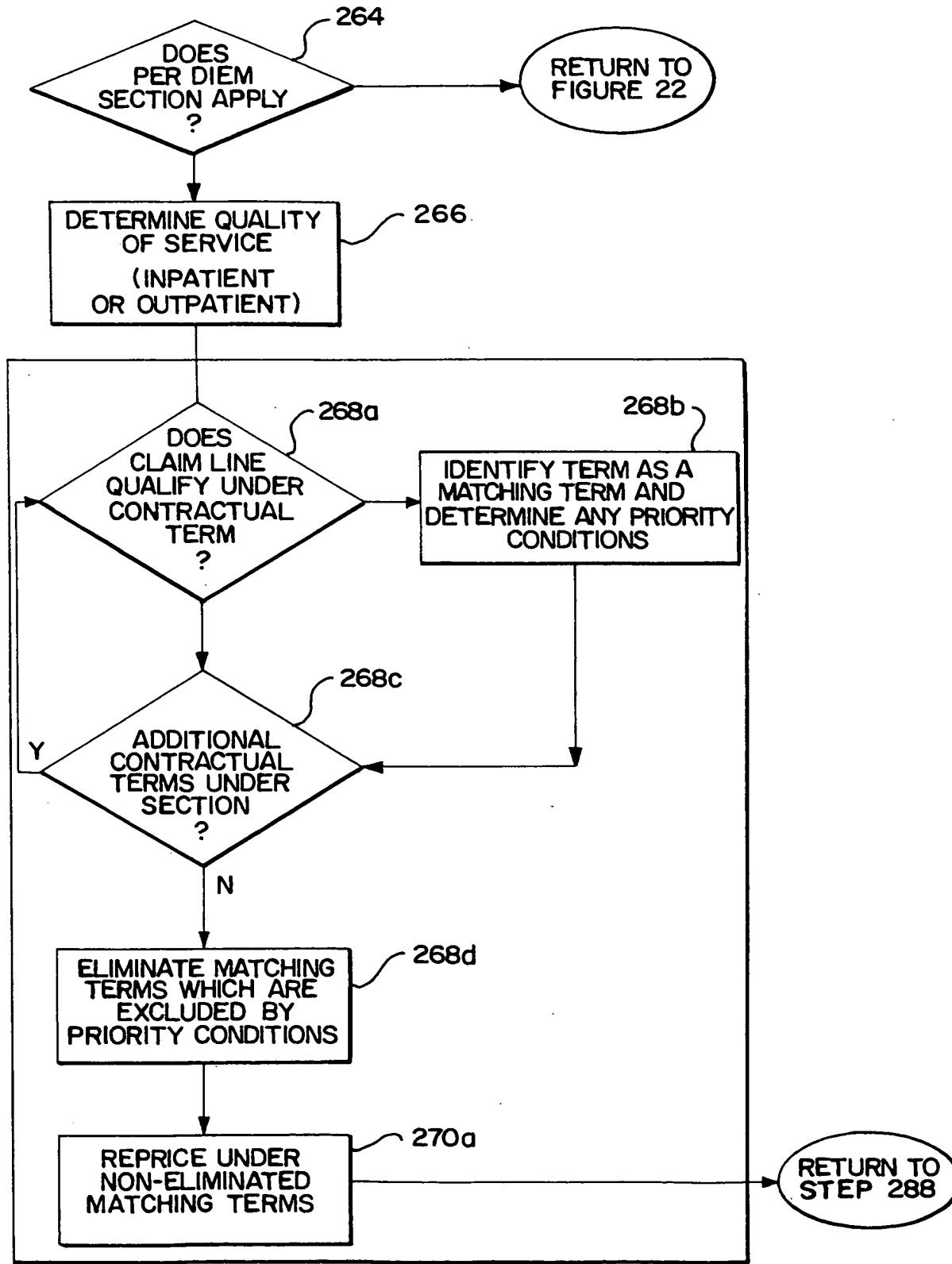
FIG. 22





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FIG. 23



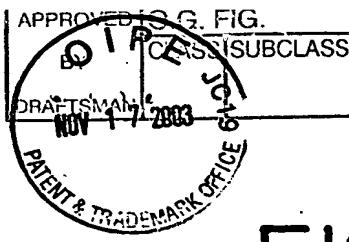


FIG.24

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300

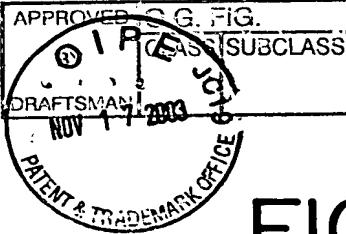


FIG. 25a

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MANUAL CLAIM ENTRY 1.2.6.1 PORT=14400																		
FILE SEARCH HELP					[Buttons]													
[Buttons]		\$ 0		3 4 5		6 7 8 9 0		[Buttons]										
<input type="checkbox"/> OUTBOX <input type="checkbox"/> ERRORS <input checked="" type="checkbox"/> PROCESSED <input type="checkbox"/> ALL		PATIENT		PROVIDER		SERV DATE		RCVD DATE	SBMTR	NETWORX NO.	CLAIM NO.							
		DAVE, EXAMPLES		DAVE E. WILLIAMS M.D.		1999-07-12		1999-12-28	DEM	1003220RHJNO								
		SLBYMAXLOSMAXDISC4, EV		ST MICHEAL HEALTH CARE CENTER		2000-01-09		2000-02-29	EMALC	100322BHW6NO								
		FRESH SLMAXLOSMAXDISC4, ...		ST MICHEAL HEALTH CARE CENTER		2000-01-09		2000-03-22	EMALC	100322C2SLVP								
RECEIVED 02/29/2000 CLAIM NO. [Text Box]																		
HARDY MEDICAL CENTER																		
1305 CROWLEY RAYNE HIGHWAY																		
CROWLEY LA 70526 5. FED. STATEMENT																		
318-783-3222 6. COVERS PERIOD																		
TAX NO. FROM THROUGH 7. COVD. & N-CD. 9. G-ID. 10. L-R. 11																		
11-9999999 11 11 [Text Boxes]																		
12. PATIENT NAME																		
LAST	FIRST	MI	STREET	CITY	STATE	ZIP	CODE											
NELSON	DEB																	
ADMISSION																		
14. BIRTHDATE	15. SEX	16. MS	17. DATE	18. H.R.	19. TYPE	20. SRC	21. D-H-22	STAT	23. MEDICAL RECORD NO	24	25	26	27	28	29	30	31	
06/15/1957			04/09/2000															
32. OCCURRENCE CODE	33. OCCURRENCE DATE	34. OCCURRENCE CODE	35. OCCURRENCE DATE	36. CODE	OCCURRENCE SPAN FROM		THROUGH		37.	A	B	C	D	E	F	G	H	
38. LAST	FIRST	MI	39. VALUE CODES				40. VALUE CODES				41. VALUE CODES							
			CODE	AMOUNT		CODE	AMOUNT		CODE	AMOUNT		CODE	AMOUNT					
a																		
b																		
c																		
d																		
42. REV CODE	43. DESCRIPTION	44. HCPCS RATES	45. SERV. DATE	46. SERV. UNITS	47. TOTAL CHARGES	48. NON-COVERED	49. COST											
120	ROOM-BOARD/SIM				4	\$4,000.00												
350	CORONARY CARE ORC				1	\$6,000.00												
250	PHARMACY					\$10,000.00												
001	TOTAL CHARGES					\$20,000.00												
MICROSOFT																		
START	ABOUT	THE	EXPL	MSB	RE	PRPR	PR	NET	IRE	MAIL	IMICR	NET	OK	4:04 PM				

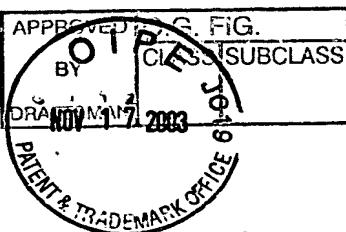


FIG. 25 b

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MANUAL CLAIM ENTRY 1.2.6.1 PORT=14400

FILE SEARCH HELP

OUTBOX | ERRORS | PROCESSED | ALL

PATIENT PROVIDER SERV DATE RCVD DATE SBMTR NETWORK NO. CLAIM NO.

DAVE, EXAMPLES DAVE E. WILLIAMS M.D. 1999-07-12 1999-12-28 DEM 1003220RHJNO
 SLBYMAXLOSMAXDISCA, EV ST MICHEAL HEALTH CARE CENTER 2000-01-09 2000-02-29 EMALC 1003228HWGNO
 FRESH SLIMAXLOSMAXDISCA, ... ST MICHEAL HEALTH CARE CENTER 2000-01-09 2000-03-22 EMALC 100322C2SLVP

50. PAYER 51. PROVIDER NO. 52.REL 53.ASG 54.PAYMENTS 55.AMT DUE 56.

UNICARE							

57. DUE FROM PATIENT

INSURED'S CERT-SSN- INSURANCE
 58. NAME FIRST MI 59.P.REL 60.HIC-ID NO. 61.GROUP NAME 62.GROUP NO.

SLBYAVG DAILY	EV		15	EMPLOYER ADVANTAGE	I30085

63. TREATMENT AUTHORIZATION CODES 64.ESC 65. NAME EMPLOYER 66. STREET CITY ST ZIP
 67. PRIN 68. 69. 70. 71. 72. 73. 74. 75. 76. ADM 77. 78.

60											
80. PRINCIPAL PROCEDURE CODE	81. OTHER PROCEDURE DATE	OTHER PROCEDURE CODE	82. ATTENDING PHYS ID								
79. PC	CODE	DATE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE	CODE
	72										

84. REMARKS

85. PROVIDER REPRESENTATIVE 86. DATE

87. START 88. STOP 89. THE 90. QPL 91. VSB 92. RE 93. RE 94. RE 95. RE 96. RE 97. NET 98. RE 99. VA 100. MICR 101. NA 102. 4:04 PM

OFFICE

MICROSOFT

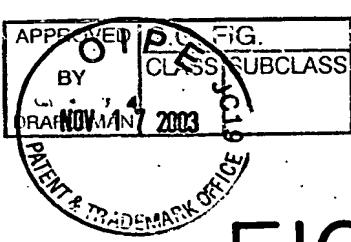


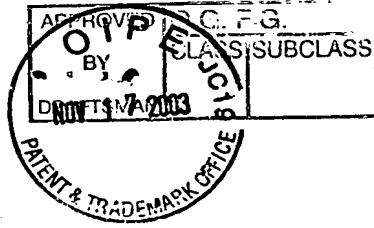
FIG.26

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REPRICING WORKSHEET		PRINT		BACK	
DATE	03/23/2000	PAGE	NETWORX NO. CLAIM NO.		
WORKSHEET NO	100323CWQXVN				
PROCESSOR	DRNALC				
REPRICING WORKSHEET					
CLIENT/CARRIER: UNICARE LIFE & HEALTH MEMBER EV SLBYAVGDAILY1 INSURANCE COM					
AUSTIN PAYPOINT (228) MEMBER ID 15					
POST OFFICEBOX833933 PATIENT DEB NELSON					
RICHARDSON, TX 75083 EMPLOYER EMPLOYER ADVANTAGE POLICY NO 130085					
PROVIDER OF SERVICE	HARDY MEDICAL CENTER		PATIENT NO		
TIN	11-9999999		DIAGNOSIS 780		
ADMISSION DATE	01/09/2000		PERIOD: TO		
REV CODE	DESCRIPTION	UNITS	NOT CHARGE	PRICED	NETWORK ALLOWABLE
120	MEDICAL	4	\$20,000.00	\$0.00	\$17,700.00
	**TOTAL		\$20,000.00	\$0.00	\$17,700.00
THE ABOVE WAS REPRICED USING THE AMERICAN LIFECARE NEGOTIATED PRICING.					

MICROSOFT



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